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FACSIMILE COVER LETTER

To: Commissioner for Patents
Examiner Thein, Maria Teresa T.

Firm: U.S. Patent and Trademark Office
Art Unit 3627

Facsimile: (571) 273-8300

From: Thomas F. Presson

Date: April 11, 2006

Re: FLH Ref No.: 450108-02924
Serial No: 09/914,407

Number of Pages: 23
(including cover page)

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00358398

PATENT
450108-02924

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Noma, Hideki
Serial No. : 09/914,407
Filed : August 27, 2001
For : PURCHASE SYSTEM AND METHOD, ORDER ACCEPTING
DEVICE AND METHOD, AND COMPUTER PROGRAM
Examiner : Thein, Maria Teresa T.
Art Unit : 3627
Confirmation No. : 4158

745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Percent extra	(6) Rate	(7) Additional Fee
Total claims	50	Minus	** = 81	* 0 x	\$50 (25)	= \$ 0
Independent claims	10	Minus	*** = 21	* 0 x	\$200 (100)	= \$ 0
Total additional fee for this amendment						\$ 0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$360(180) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$_____ is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted via facsimile to (571) 273-8300 on April 11, 2006.

Barnet Shindlman

(Name of person signing transmittal)




Signature

April 11, 2006

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By: 
Thomas F. Presson
Reg. No. 41,442

00358393

U.S. Application No. 09/914,407
Reply to Office Action dated January 26, 2006

PATENT
450108-02924

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Barnet Shindelman

(Name of person signing transmittal)



Signature

April 11, 2006

Date of Signature

RESPONSE UNDER 37 C.F.R. § 1.111

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed on January 26, 2006, having a three-month statutory period for response set to expire on April 26, 2006, please consider the following arguments.

U.S. Application No. 09/914,407
Reply to Office Action dated January 26, 2006

PATENT
450108-02924

Listing of the Claims begins on page 3 of this paper.

Remarks/Arguments begin on page 19 of this paper.